

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.)						2. TYPE OF REPORT	
ISD/TFB Statistical Report						<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
<input checked="" type="checkbox"/>		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)				6. DISTRIBUTION (No. of components not number of copies)	
3		Monthly, plus Cumulative Report Semi-annually to EO/OL				Monthly - LSD and Branches, plus Semi-annually to EO/OL	
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING				9. DIRECTIVE AUTHORITY REQUIRING REPORT	
LSD Format		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES GIVE ADP PROCESSING NO.				LSDI 7-2	
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
Sections				Work Sheets			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
GS-11.8	\$7.06		2		\$14.12		12 \$169.44
GS-4.3	\$3.00		1		\$ 3.00		12 \$ 36.00
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR \$205.44							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
See summary sheet							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS DOLLARS	
CHANGE						STAT	
DISCONTINUE							
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
9 October 1970		Reports Officer, LSD/OL					